Labor Organization Officer and Employee Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in Form approved - OMB No. 1215-0188 criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440. Expires 11-30-2002 1. Name and address of person filing 2. Name and address of labor organization James B. Grither Teamsters Local Union No. 574 19198 State Route N 429 N Broadview, P. O. Box 1368 St Marys, MO 63673 Cape Girardeau, MO 63702-1368 4. Date fiscal year ended 5. File number (if assigned) 3. Position in labor organization 12/31/00 Trustee Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name of Employer Address of Employer 7. Nature of Interest, Transaction or Income Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name of business Address of business P. O. Box 2608 American Income Life Insurance Company Waco, TX 76797-2608 10. If 9B or 9C is checked give trust or employer's name 9. Business deals with-A. Labor Organization B. Trust C. Employer 11. Nature and approximate dollar value of such dealings American Income Life Insurance Company issued a Accidental Death Policy in the face amount of \$10,000 to the above officer of Teamsters Local Union No. 574. Fair market value approximately \$20.00. 12. Nature of interest held or income received The officer received a \$10,000 Accidental Death Policy in exchange for regular members names who received a \$1,000 Accidental Death Policy. income was collected by the officer on the policy. As of July 19, 2000 the amount for the officer has been reduced to \$1,000. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 13. Name and address of employer 14. Nature of payment or consultant USDOL/ESA IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS 15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

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